



*One Family in Christ Jesus*

PARENT/GUARDIAN PERMISSION FOR MINOR STUDENT  
TO SELF-ADMINISTER MEDICATION

THIS ORDER MUST BE RETURNED IN ITS ORIGINAL FORM. FAXES AND COPIES WILL NOT BE ACCEPTED.

I, the parent/guardian of \_\_\_\_\_, authorize my child, a pupil at Saint Joseph Regional School to self-administer medication (epinephrine and/or inhaler and/or pancreatic enzymes) prescribed by our physician as described below for a life-threatening condition.

I understand that this permission is valid only for this school year and must be renewed for each school year, should my child's condition require it. I further understand that NEITHER THE SOMERS POINT SCHOOL DISTRICT BOARD OF EDUCATION NOR ANY DISTRICT EMPLOYEE SHALL BE RESPONSIBLE FOR ANY LIABILITY AS A RESULT OF ANY INJURY ARISING FROM THE SELF-ADMINISTRATION OF THIS MEDICATION OR ANY MISUSE OF THE MEDICATION by my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PHYSICIAN'S OR NURSE PRACTITIONER'S AUTHORIZATION/ASSURANCE STATEMENT FOR  
STUDENT'S SELF-ADMINISTRATION OF MEDICATION

I certify that \_\_\_\_\_ is under my care for \_\_\_\_\_, a life-threatening condition. I am recommending that the above named student be permitted to self-administer medication (epinephrine and/or inhaler and/or pancreatic enzymes). In the case of epinephrine, the student named has a documented history of anaphylaxis. He/she is capable of, and has been instructed by me in the proper method of self-administration of the following medication (use a separate sheet for each medication).

Name and purpose of medication: \_\_\_\_\_

Identification of chronic medical problems: \_\_\_\_\_

Prescribed dosage and schedule: \_\_\_\_\_

Length of time medication to be taken: \_\_\_\_\_

Possible side effects and/or special precautions: \_\_\_\_\_

Prescribing Physician/Nurse Practitioner Signature (Must be original – NO STAMPS PLEASE)

\_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT NAME, ADDRESS AND PHONE NUMBER OF PRESCRIBING PROVIDER

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_